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F.A.C.P., F.I.D.S.A.*

WAISBREN CLINIC
INNOVATIO SERVATIO SCHOLARIS
EST 1951

INTERNAL MEDICINE
INFECTIOUS DISEASES
IMMUNOLOGY
IMMUNOMODULATION THERAPY

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CASE SUMMARY

OF ERIC JEFFRIES

This 38-year-old, successful, dynamic man was completely well until one week after he received an injection of recombinant hepatitis B vaccine in June of 1997. The family history revealed that one sister is said to have a positive ANA test. His father has retinitis pigmentosa. There was a remote family history of insulin-dependent diabetes. His past medical history was that he had a Rickettsial disease as a child and epididymitis treated successfully with antibiotics at age 33. He had had some nonspecific abdominal pain at age 34.

Mr. Jeffries was not informed that serious reactions could be caused by hepatitis B vaccine. He had a moderate but definite sore throat the day before the injection. He had no risk factors for hepatitis B that had been documented by the CDC&P. He was told that the vaccination might cause soreness of the upper arm. He was asked to, and did, sign some form of consent but was not given a definitive answer by the nurse when he asked details about what and why he was signing. There was no discussion with his physician about the vaccine and its possible dangers.

One week after the vaccination he became acutely ill with severe headaches, profuse sweats, mental confusion and generalized joint and muscle aches. There was some immediate improvement after about a week, but the aforementioned symptoms had remained in varying degrees until the day of his

examination on September 14, 1999. He called SmithKline about the reaction and was told that he had a serum sickness type of reaction with which they were familiar.

During the ensuing 27 months he became completely disabled with an intermittent symptom complex that included in their order of their causing difficulties; cognition and memory difficulties of severe proportion, bone and muscle pain always present. He was prone for no apparent reason to severe exacerbations of abdominal pains, cognition and memory difficulties at about two monthly intervals. At the time that these exacerbations occurred he had severe chills, intensification of his bone and joint pains, and headaches. Interestingly, he has never had a fever. He has had, intermittently, a rash that was suggestive of vasculitis, a viral disease, or leukocytoblastic vasculitis. The rash has not been biopsied. He had some aphthous ulcers which brought up the questions of Bechet's disease. In this regard, he saw a specialist who discounted the possibility.

As might be expected, he has had trials of prednisone with perhaps some relief but no definitive help. There was a similar experience with methotrexate and the various nonsteroidal medications. On physical examination, I found only hyporeflexia with absent abdominal reflexes in the right upper quadrant. Table 1 shows the diseases considered by various consultants and essentially ruled out. Table 2 summarizes the pertinent laboratory work. I have placed asterisks after those that might be consistent with autoimmunity.

Conclusion. By exclusion of other diseases, by reports of similar situations in the literature, by experience with autoimmune diseases that have followed other viral vaccines (Swine flu), and by my personal experience with having seen other similar cases, I conclude that Mr. Jeffries is suffering from chronic debilitating postvaccinal encephalomyelitis and acquired autoimmunity.

Table I. Diseases considered and effectively ruled out by competent specialists over the past two years. Their reports and conclusions are available.

1. Porphyria.
2. Hepatitis.
3. Noninflammatory rheumatism.
4. Whipple's disease.
5. Ulcerative colitis.
6. Occult infection.
7. Bechet's syndrome.
8. Fibromyalgia.*
9. Gilbert's disease.*
10. Hemolytic anemia.
11. Cholecystitis.
12. Undifferentiated connective tissue disease.**
13. Epididymitis.*
14. Lupus erythematosus.*
15. Multiple sclerosis **
16. Hemochromatosis.
17. Paroxysmal nocturnal hemoglobulinuria.
18. Fatty liver *

* Astericks indicate diseases that may be present as part of the acquired autoimmunity syndrome.

Multiple sclerosis, in my opinion, is still in the picture and probably should be additionally ruled out by an MRI which includes the spine.

Table 2. Pertinent laboratory work.

1. Normal urine porphyries.
2. Fatty infiltration of the liver.
3. CAT scan of the abdomen.
4. GI series - Negative.
5. Barium enema - Negative.
6. Colonoscopy - Not diagnostic.
7. Tissue typing. A - 0301.2402

   B - 07021.0702 (I am not sure of the significance of these studies).
8. Auto antibodies to thyroxine.*
9. Borderline HLA-B27.*
10. Serum iron.
11. Serum ferritin
12. Cold agglutinates *
13. CPK elevated *
14. Sedimentation rate.
15. Antinuclear antibodies
16. C-reactive protein.
17. Joint x-rays
18. EMG
19. Thyroid studies *

* Asterisks indicate studies that may be important.

I included the thyroid studies in a negative way because if the auto antibodies against thyroid that were found may make the normal studies inaccurate.

Hypothetical explanation of the pathogenesis of Mr. Jeffries clinical condition. Background writings in this regard are appended.

The hepatitis B vaccine given to Mr. Jeffries either contained polypeptides that were identical or nearly identical to those present in his own tissues, or the vaccine contained polypeptides that were complimentary to a virus present in his own system (he had a positive titer against Epstein-Barr virus which should have shown homology with human tissues). Because he had a sore throat, there were also present in his body, antigens present in all bacterial cell walls muranyl peptides. These act as immunologic adjuvants. Mr. Jeffries also must have had a genetic make up that makes one susceptible to autoimmune diseases (HLA-B27 was reported once), (his sister also had a positive ANA). The proteins that are probably being affected by the autoimmunity are receptor sites in the brain and also myelin, nerve, muscle and joint substances

Thus we can hypothesize that the elements necessary to evoke a postvaccinial encephalomyelitis were present. These include 1) Antigens that show homology with human tissue, either from the vaccine or from an accompanying virus. 2). An immunologic adjuvant - either from the muramyl peptides from the bacteria in the throat or aluminum in the vaccine. 3). Complementarity between the vaccine and the virus. 4) A host with a tendency to autoimmunity because of a genetic pattern that made him susceptible to autoimmunity. This concept was advanced by Westal and Root-Bernstein in 1985 to explain postvaccinial encephalomyelitis. The reference is in several of the appended manuscripts.

Of course, this is only a working hypothesis to explain a syndrome which has been described since 1888 when one of Pasteur's first patients developed it. Based on this hypothesis, it seems reasonable to try to help this patient with an antiviral which will hopefully suppress the offending virus and with

gamma globulin which theoretically may help suppress the virus or may give natural blocking antibodies which will prevent attack of receptor sites in other body tissues. This is an unproven hypothesis, amenable to experimental proof of the type suggested by Kuhn and his classic work on medical hypotheses.

This hypothesis does not, at present, prove that Mr. Jeffries is totally disabled because of the vaccine. This assertion however, is supported beyond a reasonable medical doubt by ruling out of all other possible causes of the disability, by the medical literature and by the personal observations by myself of him and other similar patients.

Dictated by

Burton A. Waisbren, Sr., M.D

Statement of Burton A. Waisbren, Sr., M. D.

State of Wisconsin)
) ss.
County of _____)

I, Burton A. Waisbren, M.D., after being duly cautioned and sworn state the following on the basis of my own personal knowledge.

1. I am a physician and am licensed to practice medicine in the State of Wisconsin. My curriculum vitae is attached.

2. In September 1999, I saw Mr. Eric Jeffries for a malady which causes him to suffer myalgias, arthralgias, abdominal pains, severe headaches, malaise, and various other body aches.

3. I have diagnosed Mr. Jeffries' condition as chronic debilitating postvaccinal encephalomyelitis and acquired autoimmunity. My four page case summary of Mr. Jeffries' condition is attached.

4. The effects of Mr. Jeffries illness make him unable to perform the material and substantial duties of his occupation of a merchant banker.

Further Affiant Sayeth Naught.

Burton A. Waisbren, M. D.

Notary Public

Before me appeared Burton A. Waisbren, M. D., who after being duly cautioned and sworn, signed his name above.

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